

**MICHIGAN
DEPARTMENT OF CORRECTIONS
SUBSTANCE ABUSE PROGRAMS SECTION**

**ANNUAL REPORT
FISCAL YEAR 1999/2000**

Prepared by:

Michigan Department of Corrections
Administration and Programs Administration
Office of Program Services
Substance Abuse Programs Section
Grandview Plaza Building
P.O. Box 30003
Lansing, MI 48909

January 2001

**SUBSTANCE ABUSE PROGRAMMING
IN THE MICHIGAN DEPARTMENT OF CORRECTIONS
FISCAL YEAR 1999/2000
EXECUTIVE SUMMARY**

Program Description

During Fiscal Year 1999/2000, substance abuse outpatient and residential treatment services were provided to 18,644 prisoners, parolees, and probationers through contracted services with the Michigan Department of Corrections (MDOC) Substance Abuse Programs Section. Two-thirds of offenders are assessed with substance dependence. The significant impact of substance abuse on persons in Michigan's correctional system led the Michigan Department of Corrections to implement a substance abuse treatment, education, and drug testing program twelve years ago. The goal is to improve the functioning of persons having contact with Corrections by preventing and treating substance abuse, and by detecting and deterring drug use.

The substance abuse treatment program has a planned continuum of services which provide a logical and progressive path of treatment for persons entering and departing the Corrections jurisdiction. Services are targeted to ensure that offenders have an opportunity for substance abuse education or treatment, if needed, before they leave an institutional setting. Services are available in all prisons, camps, community residential programs, and to offenders under parole and probation supervision.

The substance abuse treatment program has several components:

- A screening and assessment process at the three reception centers which identifies whether offenders have substance abuse problems and, if problems are identified, recommends treatment or education to meet their needs.
- Outpatient treatment in all camps and prisons, which is provided by professionals with licensed treatment agencies. Outpatient treatment is also offered when offenders are released to community correction centers or are placed on parole or probation.
- Residential treatment for community-based offenders whose need for structure is greater than can be provided through outpatient services. Three prison-based residential programs opened (January 1999, November of 1999 and another in January of 2000) for minimum and medium security males, and minimum security females.
- An education/treatment readiness program offered by prison staff, who have received at least 5 days of training from the Substance Abuse Programs Section prior to presenting this more structured didactic program. The Substance Abuse Programs Section supports these staff by providing a lending library of video resources. The Section also furnishes literature which can be distributed to prisoners and used in their substance abuse education.

- A drug testing program, possessing a strong monitoring and deterrence component and using both urine tests, sweat patch tests and on-site tests for community based offenders.

Figure One on Page Five illustrates the growth in the substance abuse treatment program since its inception in 1987-88, when the first four treatment programs were placed under contract. From these initial sites, the program has grown to the point where it currently provides department-wide services to all prisons, camps, and community correction centers, with services also available to all parole offices. Presented below are highlights of the data contained in the full report covering substance abuse treatment, education and drug testing activities for Fiscal Year 1999/2000.

Treatment Programming

- Substance abuse treatment was provided to 18,644 prisoners, parolees, and probationers. The number receiving treatment has grown considerably over 12 years of substance abuse programming.
- Treatment services are provided by licensed treatment providers who competitively bid to provide services to offenders. The Substance Abuse Programs Section has 83 outpatient contracts and 26 residential contracts for treatment, including a gatekeeper.
- Prisoners accounted for 41% of admissions. For the first time, prisoners are able to access residential treatment while in prison, in addition to being provided prison outpatient services.
- Parolees accounted for 47% of admissions, or 8,796 persons. Seventy-eight percent (78%) of treated parolees received outpatient services.
- Probationers accounted for 12% of admissions, or 2,148 persons. Eighty-four percent (84%) of treated probationers were admitted to outpatient treatment, the remainder to residential.
- Assessments conducted on incoming prisoners reveal that 63% of the population has a dependency on substances which requires either outpatient or residential services. Another 10% show some evidence of a potential for abuse, requiring at least education services.
- Outpatient services were provided to 15,087 admissions or 80% of those treated, while residential services constituted the other 20% or 3,557 offenders.
- Prison-based Residential Substance Abuse Treatment (RSAT) services are relatively new to MDOC. 812 prisoners were admitted to the prison based RSAT programs at the Cooper Street Correctional Facility, Macomb Correctional Facility, and Camp Branch. A total of 556 residential RSAT beds are available in prison settings. 272 of these beds are located at the Cooper Street Correctional Facility, 100 beds became available for female prisoners at Camp Branch in October of 1999, and 184 beds became available for male prisoners at the Macomb Correctional Facility in January of 2000.

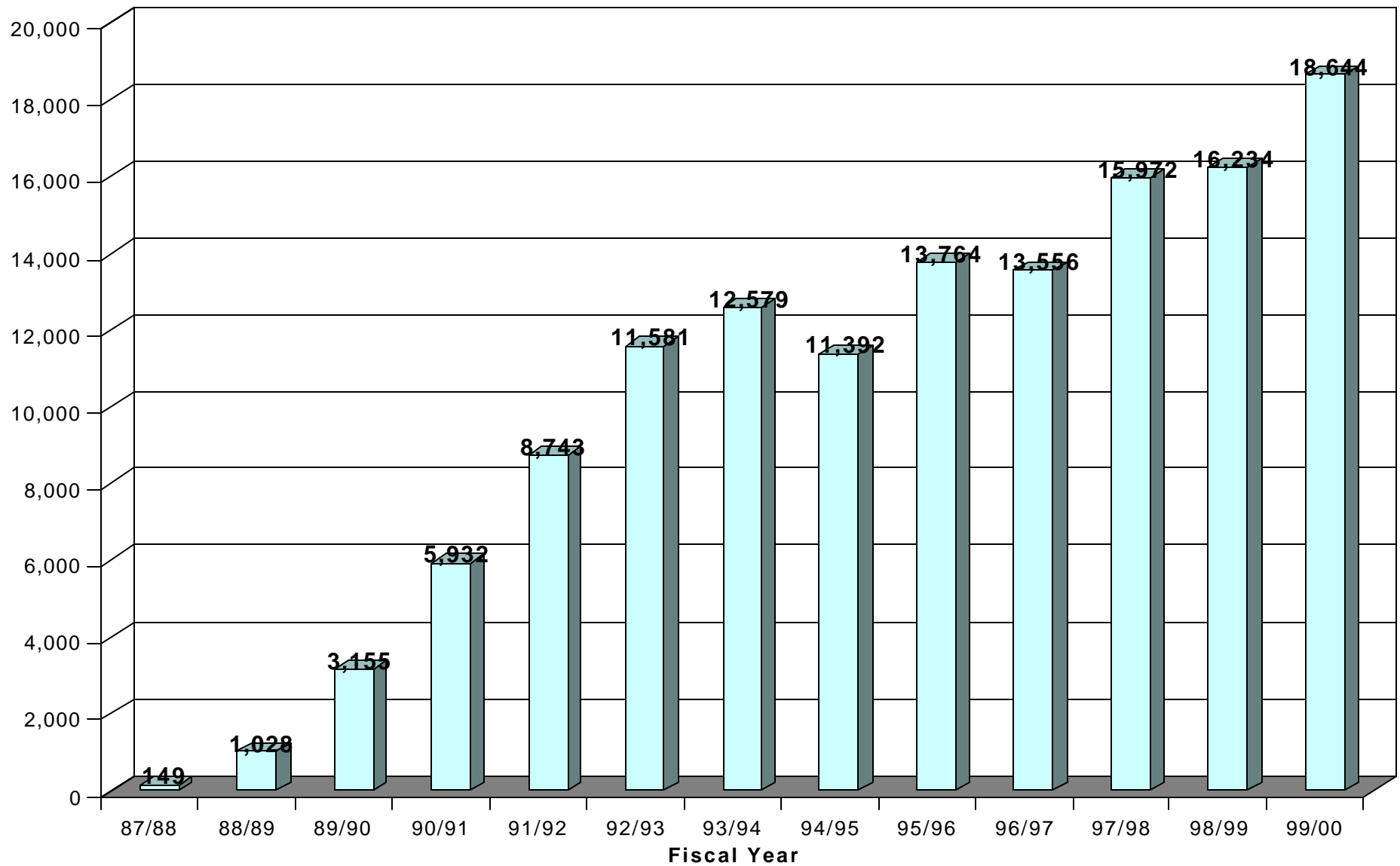
- A total of 467 community based residential beds were available for use by field offices. Of those residential beds, parolees accounted for 1,891 admissions, probationers for 339 admissions, and community-based prisoners for 515 admissions.
- A residential gatekeeper contract was established in 2000 to assist with the coordination and placement of community based offenders. The gatekeeper works with the referring parole and probation agents to place offenders in the nearest appropriate available bed offered by the 22 community-based contracted residential programs.
- Offenders successfully completed their treatment in 73% of outpatient admissions, 71% of community residential admissions, and 78% of prison residential admissions (RSAT).
- Substance abuse education was presented by trained prison staff to 5,591 prisoners, of whom 93% successfully completed the education. The staff are provided with five days of initial training, followed by two days of annual refresher training. The training is designed to ensure that prisoners are ready for treatment if they need it. On the other hand, for some offenders, education is sufficient for a change in behavior.
- During any given month, a substantial number of offenders incarcerated in prisons and camps participate in Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). These self-help programs are run by volunteers who enter the facilities specifically for this purpose. Clients are also referred to AA and NA by community programs to augment their treatment.
- A large number of video, audio, and written substance abuse materials were distributed for use as handouts for AA/NA, to stock prison libraries, or for use in substance abuse education. During Fiscal Year 1999/2000, approximately 713 videos were loaned out, in addition, approximately 53,551 booklets and AA books were distributed.

Drug Testing

- Drug usage is not extensive in Michigan's facilities. In over a decade of drug testing, the deterrent effect of drug testing has become obvious. Prison positive rates in that period have dropped from 8.9% to 1.2%, while correction center positive rates have dropped from 17.0% to 4.4% and parole positive rates have dropped from 28.0% to 21.3%.
- Prisoners in institutions and camps are randomly tested twice a month and have a low *random test* positive rate of 0.6%. The overall positive rate of 1.2% includes those prisoners who are tested "for cause" due to a previous positive drug test or suspicion of drug usage.
- Parolees with a condition for testing are required to submit to tests. Those deemed to be at high risk due to prior substance abuse crimes or behavior are tested most frequently. Parolees have an average positive rate of 21.3%.

- Most probationers are screened by on-site methods and, when loss of liberty is a potential consequence, positive results are confirmed by a reference laboratory test. Such tests are included in the average positive rate of 32.8%. Individual judges within the state must act on a probationer's positive test in order for the Department to impose sanctions.
- Marijuana is the primary drug found in positive samples, accounting for 60.4% of prison samples, and one-half to two thirds of parole and probation samples.
- Cocaine is the next most prevalent drug among community-based offenders (as it is in the larger community), while opiates account for 20% or higher of the positive samples from the non-incarcerated offender population.
- The STOP program is a treatment/supervision effort that involves frequent random testing. Referral to treatment and short term detention is used with this population if a positive drug test is identified. Over 1100 parolees were enrolled, and STOP parolees have a positive testing rate of 3%. The swift imposition of sanctions has a significant impact on the positive testing rate of enrollees.

FIGURE ONE
ANNUAL ADMISSIONS TO SUBSTANCE ABUSE TREATMENT



Number of clients

OUTPATIENT AND RESIDENTIAL TREATMENT OF SUBSTANCE ABUSE, FISCAL YEAR 1999/2000

The Michigan Department of Corrections (MDOC) is responsible for all adult offenders sentenced to serve in the State prison system and under various forms of parole and probation supervision. More than 46,000 inmates are currently incarcerated in facilities within the system. In the community, MDOC supervises an additional 65,500 offenders under parole and probation supervision, for a total of over 111,500 within the Michigan Corrections system.

Substance abuse continues to be a major concern for policy makers and practitioners in the criminal justice system. In Michigan, an estimated 63% of males and 71% of females in the criminal justice system are assessed as having a substance abuse or dependency problem.

Substance abuse and addiction affects all aspects of an offender's thinking and behavior patterns. Many offenders have never worked, are poorly educated, and have difficulty controlling their behavior. A combination of discipline and program intervention offers ways to control offender behavior, while simultaneously helping in the effective management of the prison and providing opportunities for inmates to make changes that reduce the likelihood that they will return to prison at a later date.

The Michigan Department of Corrections has a long-standing commitment to providing a continuum of facilities and services which serve to control costs while providing appropriate levels of security and programming. Substance abuse programming reflects this management approach and includes various levels of programs for offenders with different levels of substance abuse involvement. The initial and most basic component is an alcohol and drug education curriculum for those offenders entering the prison system who are identified with a substance abuse history, or who have positive drug tests. Other, more intensive outpatient treatment programs target substance abusers and offenders who test positive for drugs and alcohol while in the system. These programs use interactive group processes, basic counseling, recovery dynamics, and relapse prevention interventions to achieve cognitive change and sobriety.

The Department has a variety of substance abuse outpatient and residential programs in the prisons and the community. These programs range from educational and weekly outpatient to more intensive forms of intervention. The current philosophy incorporates cognitive behavioral approaches and relapse prevention strategies coupled with monitoring, to assist in the elimination of substance abuse and criminal behavior.

Many offenders lack self-control, tending to be impulsive and non-reflective in their actions. They act without adequately considering or calculating the consequences of their behavior. The interventions that are most effective target those thinking styles that sustain criminal behaviors and substance abuse. Objectives of the intervention include teaching offenders relevant interpersonal skills, such as thinking logically, objectively, and rationally; and using a social learning and educational approach to address

relapse and recidivism.

The Department mandates group therapy as the primary approach or predominant mode of treatment. Group-based programs are an efficient and effective method of supporting a commitment to a drug-free life by fostering a climate for introspection and change. Groups combine information and an immediate opportunity for observing, practicing, and changing. Groups are also extremely efficient in conveying the basic elements of recovery and relapse prevention, addressing social stigma, nurturing a “pro-social” identity and developing adequate coping skills.

The Department requires that self-help groups be integrated into both treatment and post-treatment planning. Further, the Department provides for post-discharge aftercare services to monitor and support offender adjustment and transition. Supervising parole/probation agents are also expected to monitor offenders in treatment by a minimum of monthly drug testing. Further description of the treatment services appears in Appendix 1.

Table One provides a breakdown of treatment admissions for Fiscal Year 1999/2000 by treatment category and offender type.

TABLE ONE TREATMENT AND ASSESSMENT ADMISSIONS BY SERVICE CATEGORY AND STATUS FISCAL YEAR 1999/2000						
	OUT- PATIENT	RESI- DENTIAL	TOTAL TREATED	%	ASSESS ONLY	GRAND TOTAL
PRISONER	6,373	1,327	7,700	41%	247	7,947
<i>(Prisons, Camps)</i>	<i>(4,882)</i>	<i>(812)*</i>	<i>(5,694)</i>		<i>(168)</i>	<i>(5,862)</i>
<i>(CRP)</i>	<i>(1,491)</i>	<i>(515)</i>	<i>(2,006)</i>		<i>(79)</i>	<i>(2,085)</i>
PAROLEE	6,905	1,891	8,796	47%	680	9,476
PROBATIONER	1,809	339	2,148	12%	157	2,305
TOTAL	15,087	3,557	18,644	100%	1,084	19,728
%	80%	20%	100%			

**Includes RSAT and RSAT Step Down*

Persons Treated

During Fiscal Year 1999/2000, substance abuse outpatient and residential services were provided to 18,644 prisoners, parolees, and probationers. The outpatient component provided treatment to 15,087 persons. Residential treatment was provided to 3,557 persons, or 20% of those served. The treatment

programs of the Substance Abuse Programs Section serve both men and women. Of those served, 7,700 were prisoners, 2,006 of whom were located in community residential centers; 8,796 were parolees; and 2,148 were probationers.

The services were provided by licensed substance abuse treatment programs at Michigan Department of Corrections locations or, for parolees and probationers, at locations within the community. Treatment is accessed through 83 outpatient and 26 residential contracts administered by the Substance Abuse Programs Section, and services are available throughout the state.

In addition to treatment services provided to 18,644 offenders, assessment services were provided to 1,084 offenders, for a total of 19,728 offenders served in FY 1999/2000, as detailed in Table One. Prisoners treated in prisons, camps, and community residential centers accounted for 41% of total admissions, parolees constituted 47%, and probationers 12%. These admissions reflect the departmental priorities in serving these sub-groups.

Outpatient services were used by 80% of the clients, with the remainder (20%) accessing residential treatment services. Although early intervention is stressed as an effective tool, a positive drug test is also a triggering incident in referring clients to one of the contracted treatment providers working at the prisons/camps or with offices in the community. During Fiscal Year 99/00, assessment data from the reception centers also came available to prison staff to use in making referrals.

In the community, a gatekeeper contract was established to act as a central point for referral of offenders identified as needing residential treatment services, to coordinate the assessment and placement of residential clients to the most appropriate residential program with an available bed, and to insure that the length of treatment is appropriate. The number of community residential clients increased 13% from the previous year.

SUBSTANCE ABUSE ASSESSMENT OF INMATES AND USE IN TREATMENT AND EDUCATION PROGRAM PLACEMENT

The Michigan Department of Corrections began a formalized system of assessing prisoners for substance abuse in October of 1998, based in part upon the Substance Abuse Subtle Screening Inventory (SASSI) test administered at all three Reception and Guidance Centers. During 1999, prisoners whose receptions occurred prior to October 1998 were assessed using the SASSI. Narrative test results and diagnostic scores were generated, and Correctional Facilities Administration staff trained regarding the SASSI test and its use in determining placement for substance abuse services. On the Corrections Management Information System (CMIS), the Department of Corrections' mainframe, a Substance Abuse Assessment (SAA) screen on offenders was developed containing assessment data. Reports are generated to assist in referring prisoners to services matching their needs, and to project and develop resource allocation strategies. Assessment results are used to refer offenders to appropriate substance abuse services as detailed in Table Two. Figure Two illustrates SASSI scores for all three Reception and Guidance Centers

for Fiscal Year 1999/2000.

Inmates recommended for outpatient or residential treatment may also make application to the Residential Substance Abuse Treatment (RSAT) programs if they are otherwise eligible for placement at these facilities.

TABLE TWO INDIVIDUALS ASSESSED AT RECEPTION CENTERS FISCAL YEAR 1999/2000			
Assessment (SASSI) Result	Service Required	Number of Cases	Percentage
No/low probability of substance dependence	No Treatment	1,796	20%
Moderately elevated scale scores	Education	916	10%
High probability of substance dependence	Outpatient	3,986	45%
Severe dependence	Intensive	1,648	18%
High RAP (Random Answer Pattern)	Invalid	584	7%
Total		8,930	100%

As can be seen in the preceding table, 45% of incoming prisoners have a high probability of substance abuse dependence and 18% have severe dependence, for a combined group of 63% for whom substance abuse treatment is recommended. Those prisoners with moderately elevated scores are recommended for substance abuse education (10%). Those with low or no probability of substance dependence are not recommended for services unless there is subsequent behavior suggesting the development of a problem. The assessment data is augmented with behavior (such as drug tests which are positive) for continued updating. Requests for services by prisoners are incorporated into programming. Prisoners have assessment data incorporated into their annual review of programming needs.

The Reception and Guidance Centers (RGC's) process all individuals entering the prison system. The Jackson RGC processes incoming males, Scott RGC processes incoming females, and Riverside RGC processes incoming males under 21 years. Various testing instruments are administered at these facilities, of which the SASSI questionnaire is one.

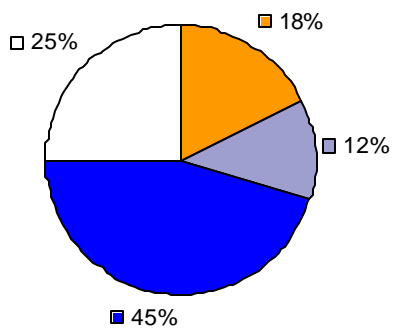
The SASSI questionnaires are scored at each of the Reception Centers, and the resultant scores are downloaded to CMIS. This information can then be accessed by any prison within the state system. SASSI questionnaires are also scored by the Substance Abuse office (Central Office) in Lansing. The

questionnaires that are scored by Central Office originate primarily from the Special Alternative Incarceration (SAI) boot camp, from treatment providers who administer the questionnaires prior to commencing treatment, or from prisons who have administered the questionnaires to offenders who have not previously taken it.

FIGURE TWO
RECEPTION AND GUIDANCE CENTERS
SUBSTANCE ABUSE ASSESSMENT (SASSI) RESULTS
FISCAL YEAR 1999/2000

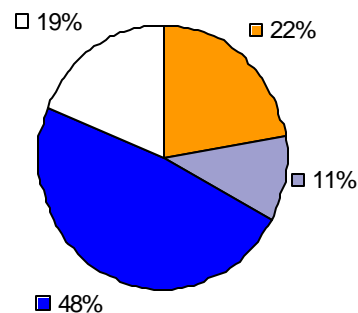
CENTRAL OFFICE
ASSESSMENT RESULTS

Males & Females



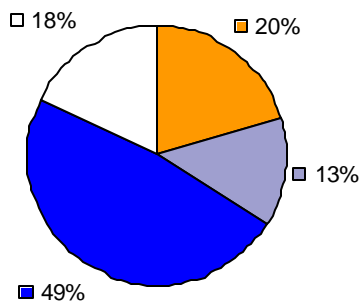
JACKSON RGC
ASSESSMENT RESULTS

Males



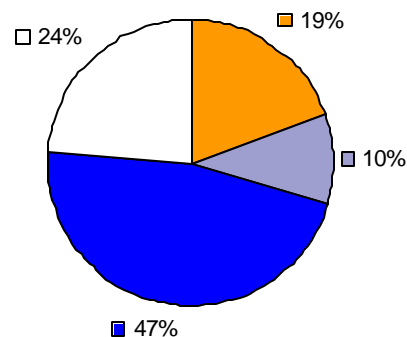
RIVERSIDE RGC
ASSESSMENT RESULTS

Young Males



SCOTT RGC
ASSESSMENT RESULTS

Females



SEVERITY CODE	DESCRIPTION
1	Low probability of substance dependence
2	Moderately elevated score
3	High probability of substance dependence
4	Severe Dependence

■ SEVERITY 1

■ SEVERITY 2

■ SEVERITY 3

□ SEVERITY 4

Outpatient Services

- Outpatient services are provided in 33 prisons (up from 25 the previous year), including both female prisons, and thirteen (13) camps housing lower security prisoners who are nearing completion of their sentences or are approaching parole. Licensed substance abuse providers are on site periodically throughout the week.
- Treatment providers come on-site to meet the needs of those prisoners who are nearing parole and reside in Community Residential Programs (CRP). Such services are designated for prisoners recommended to have substance abuse services or who have had a positive drug test.
- All parole/probation offices have access to the 83 local substance abuse programs to which parolees and probationers may be referred. Referrals are usually based on a positive drug test or suspicions regarding an offender's substance use or abuse and special conditions of parole requiring treatment aftercare following prison based treatment.
- Group and individual counseling address such topics as recovery, relapse prevention, elimination of self-defeating behaviors and family reintegration.
- Services are provided to prisoners at least twice a week for approximately three months. Aftercare and self-help (AA, NA) services are available for those inmates remaining at the prison site.
- In prisons and camps, offenders are drug tested on a random basis. Those testing positive are referred to substance abuse education or/and treatment and lose visiting privileges.
- Prisoners are expected to continue their treatment when they are paroled and released to the community. Frequently, special conditions of parole are established, requiring continued treatment and drug tests. Treatment professionals assist offenders in moving from institutional to community life to ensure a smooth transition. Families of parolees are involved in their treatment whenever possible.
- Inmates who have been placed in community residential programs prior to being paroled are subject to a stringent drug testing and treatment referral policy. A referral to outpatient or residential treatment is required on the first and second positive drug test. A return to a Technical Rule Violation Center (TRV) or prison is mandatory on the third positive test. During Fiscal Year 1999/2000, offenders in CRP were drug tested on an at least twice monthly basis. CRP inmates requiring residential treatment are referred to appropriate programs.

Residential Treatment

- Offenders who are unable to be treated successfully by outpatient programming are generally referred to residential treatment. In this more controlled environment, they are expected to attain sobriety and address attitudinal and behavioral issues, in the hope that permanent changes in substance abuse and criminal behaviors will be achieved. Treatment is generally authorized in increments of 30 days or less, up to a maximum of 90 days.
- Due to the severity of their substance abuse-related problems, some offenders require full time, intensive services and residential care. Residential treatment provides a drug-free environment, constant surveillance to prohibit drug use, and the opportunity for offenders to develop drug-free living skills, which is especially important for those who have never developed such skills.

Residential treatment also addresses the criminal behavior of the offender through cognitive skills development in order to change offenders' antisocial or criminal thinking, thus changing their criminal behavior.

- Residential treatment is provided by 22 licensed agencies for a total of 467 residential beds. Placement to community residential beds is done through a contract with a gatekeeper. Residential treatment was provided to 3,557 offenders in Fiscal Year 1999/2000.
- The first month of residential treatment usually precludes leaving the premises while counseling and other rehabilitative efforts take place. As privileges are earned and offenders remain drug-free, they may be allowed to participate in employment-related activities, as well as continuing substance abuse counseling. Therapy is provided on a daily basis, focusing on information and applying it to issues of personal recovery and sobriety learned through group and individual counseling. Clients are usually retained in treatment until they can function in a less intensive structure, such as outpatient counseling.
- Both residential and outpatient treatment providers attempt to involve the client's family in the ongoing treatment process. Attendance at self-help groups is also encouraged.

In-Prison Residential Substance Abuse Treatment (RSAT)

- During Fiscal Year 1999/2000, Residential Substance Abuse Treatment (RSAT) programs were funded through both state and federal appropriations and grants. The Department selected three RSAT sites: Cooper Street Correctional Facility for males in Jackson, Macomb Correctional Facility for men, and Camp Branch for women.
- Offenders must apply for acceptance into the RSAT program, and are screened based on their history of alcohol and substance abuse/dependence as documented through testing, their prior criminal history and the current offense for which they are incarcerated. Priority for treatment is given to those offenders appearing to have serious abuse/dependency problems, as well as a high likelihood of being granted parole within the next 12-18 months.
- During RSAT, offenders live in the housing unit and participate in both didactic and cognitive programming. The combined efforts of MDOC staff and treatment providers provide a structured environment designed to address the offenders' criminal conduct and use of alcohol and other drugs. RSAT residents participate in either six months (Cooper St. and Camp Branch) or nine months (Macomb) of in-prison treatment. Once paroled, graduates are referred to outpatient treatment and monitored for a period of one year through their parole agents.
- Cooper Street Correctional Facility
This RSAT facility commenced operation in January of 1999, treating level I male offenders. Future plans include establishing a "step-down" unit at some facility to provide RSAT services to graduates until they are paroled. Such a unit would increase the effectiveness of the program, lessening the propensity for relapse prior to parole and upon release.
- Camp Branch
The Camp Branch RSAT Unit opened in October of 1999, with a total of 100 beds for treating level I female offenders. Sixty of these offenders participate in a six month cognitive program. The remaining 40 beds house RSAT graduates participating in a "step down" program until their release.

on parole. Graduates are monitored during the first year of parole and referred to outpatient substance abuse treatment.

- Macomb Correctional Facility
The Macomb Correctional RSAT Unit opened in January of 2000, with 184 beds for treating level II male offenders. 136 of these offenders participate in a nine month cognitive program. The remaining 48 beds house RSAT graduates participating in a “step down” program until their release on parole. Like both the Camp Branch and Cooper Street models, graduates are monitored during the first year of their parole and referred to outpatient substance abuse treatment.

RSAT STATISTICS

TABLE THREE RSAT APPLICATIONS STATISTICS AS OF 9/30/00			
FACILITY	10/1/98 - 9/30/99	10/1/99 - 9/30/2000	TOTALS
Cooper Street	1,014	915	1,929
Camp Branch	N/A	204	204
Macomb	N/A	323	323
	1,014	1,442	2,456

- As is shown in Table Three, 1,442 offenders applied for in-prison residential treatment at Cooper Street, Macomb, and Camp Branch during Fiscal Year 1999/2000.

TABLE FOUR RSAT ADMISSIONS STATISTICS AS OF 9/30/00			
FACILITY	10/1/98 - 9/30/99	10/1/99 - 9/30/2000	TOTALS
Cooper Street	499	495	994
Camp Branch	N/A	124	124
Macomb	N/A	155	155
Step-Down Unit -- Camp Branch	N/A	38	38
	499	812	1,311

- Table Four indicates that Admissions to RSAT programs nearly doubled in Fiscal Year 1999/2000 from the previous year. In Fiscal Year 1998/99, 499 RSAT admissions occurred; in Fiscal Year

1999/2000, there were 812.

- In Fiscal Year 1999/2000, RSAT successfully graduated 500 offenders and terminated 100, resulting in a 78% completion rate. 41 offenders were transferred prior to completion of the program.

TABLE FIVE RSAT IN-PRISON DRUG TESTING STATISTICS AS OF 9/30/00					
Facility	10/1/98 - 9/30/99		10/1/99 - 9/30/2000		Cumulative Positive Test Rate
	Number of Tests	Number of Positives	Number of Tests	Number of Positives	
Cooper Street	3,290	3	6,268	7	0.10%
Camp Branch	N/A	N/A	1,225	0	0.00%
Macomb	N/A	N/A	1,866	3	0.16%
TOTALS	3,290	3	9,359	10	
Positive Test Rate	0.09%		0.11%		0.10%

- Each RSAT participant is randomly drug tested twice per month. As can be seen in Table Five, a total of 9,359 tests were performed at the three sites during Fiscal Year 1999/2000. Of these, only ten were positive, for a combined positive rate of 0.11%.

TABLE SIX RSAT RECIDIVISM RATE GRADUATES RELEASED INTO COMMUNITY BETWEEN 7/1/99 AND 9/30/99 STATISTICS AS OF 9/30/00					
Facility	Released on Parole/ CRP*	Parole Disposition Pending	Return to Prison / Unsuccessful	Completed One Year of Parole Successfully	Recidivism Rate
Cooper St.	40	2	10	28	25.0%
Camp Branch	0	0	0	0	N/A
Macomb	0	0	0	0	N/A

* Total includes (1) PV-absconder, not factored in as "Return to Prison." Final disposition pending apprehension and Parole Violation Hearing.

- The three RSAT programs are currently being independently evaluated. The evaluators will be reviewing arrest, conviction, parole, and community violation behavior as well as drug usage and drug behavior while in the community to help determine the effectiveness of the program. Graduates are tracked for one year after their release from prison. Table Six provides the RSAT recidivism rate. As of 9/30/00, the first 40 graduates of the Cooper Street RSAT had been in the community for one year on parole or community programs. Of that total, ten were returned to prison as a result of a sustained parole violation or corrections center misconduct. This results in a 25% recidivism rate for the first year of release.

Community-Based Length of Stay

Residential offenders had an average length of stay of 7 weeks. Those successfully completing treatment had an average stay of 9 weeks. Of those clients successfully discharged from outpatient services, the average attendance was 16 sessions.

Demographics

Table Seven provides demographic information for Fiscal Year 1999/2000 regarding prisoners and parolees.

TABLE SEVEN TREATMENT CLIENTS BY SEX AND RACE* FISCAL YEAR 1999/2000				
Race	Male	Female	Total	Percent
White	7,043	775	7,818	44%
Black	8,328	1,052	9,380	53%
Indian	72	11	83	<1%
Asian	15	0	15	<1%
Mexican	344	22	366	2%
Other	17	4	21	<1%
Total	15,819	1,864	17,683	100%
	89%	11%	100%	

**Demographics for probationers unavailable.*

A higher percentage of women are treated by the Substance Abuse Programs Section and its contractors than exist within the corrections population. Women accounted for 11% of those treated, but comprised only 4% of all offenders in Fiscal Year 1999/2000. Specialized programming options exist at the two

prisons and camp for women. In addition, the Substance Abuse Programs Section funds a community-based residential program for pregnant women that provides both pre- and post-natal substance abuse treatment.

An analysis of racial demographics indicates that the treated population (44% white, 53% non-white) corresponds closely to the offender population as a whole.

Completion Status

Discharge statistics indicate that 73% of offenders successfully completed outpatient and 71% completed residential treatment programs. A small portion are transferred before treatment is completed. Transfers may occur for positive reasons, such as a prisoner being placed on parole status, or because their physical location is changed. In such circumstances, treatment is continued whenever possible at the new location.

The percentage of residential clients (71%) completing treatment is slightly lower than the previous fiscal year. However, the in-prison residential program (RSAT) achieved a 78% successful completion rate. It should be noted that residential clients are the most difficult to treat. They are referred to residential treatment because of their dysfunctional status and because they have been unsuccessful in less intensive prior treatment. The programs are proving to be extremely effective in treating this difficult population. Both outpatient and residential treatment results may also reflect a process of incremental change due to the fact that more than one treatment attempt may be necessary in order to achieve success. Clients receive cumulative benefit from each successive treatment experience.

The completion statuses of clients admitted to outpatient and residential treatment programs during Fiscal Year 1999/2000 are detailed in Table Eight. The table includes all prisoners and parolees discharged from treatment during the fiscal year.

TABLE EIGHT COMPLETION STATUS BY TYPE OF SERVICE FOR PRISONERS/PAROLEES DISCHARGED DURING FISCAL YEAR 1999/2000					
	Successful	Transferred	Unsuccessful	Mutual	Total
Outpatient					
Number	9,103	1,476	1,761	204	12,550
Percent	73%	12%	14%	1%	100%
Residential -- Community					
Number	1,663	49	582	46	2,341
Percent	71%	2%	25%	2%	100%

Residential -- Prison (RSAT)					
Number	500	41	100	3	644
Percent	78%	6%	16%	<1%	100%

Evaluation of offenders after discharge from treatment is an expensive and time consuming process that the department periodically engages in with independent contractors. The department currently has an on-going evaluation study that will follow a sample of the offenders who were treated in these various modalities. Recidivism, re-arrest, drug usage and other factors are being included in this study.

Education and Treatment Readiness Training Program

The Educational and Treatment Readiness Program is designed to motivate inmates who have substance abuse problems to accept treatment, either while they are in prison, or subsequently when placed in CRP or on parole. The program operates in 37 prisons, and includes 13 sessions addressing basic information. Sessions are held once or twice per week or even more frequently, depending upon staff availability, room availability, and the number of participants involved. The objectives of the education/treatment readiness module are to provide current, accurate and easily understood information to prisoners; to assist prisoners in understanding and evaluating their substance abuse situation; and to motivate prisoners to seek and accept treatment. The sessions are conducted by prison staff who have volunteered for the assignment and have successfully completed an initial five-day training offered by the Substance Abuse Programs Section. Typically, the training staff consists of Resident Unit Managers (RUMs) or Assistant Resident Unit Supervisors (ARUSs), who combine the educational sessions with their other counseling responsibilities. Staff presenters receive 40 hours of prevention and early intervention strategy, as well as training on the effects of the leading substances of abuse. Each participating facility also receives comprehensive presenters' manuals for each staff member trained, a set of videos to support each educational session, and assorted literature for inmate and staff use. In addition, each facility receives periodic follow-up contacts to review progress, assist in implementation, and provide continuing training to maintain and upgrade staff skills.

As shown in Table Nine, substance abuse education was provided to 5,591 prisoners in Fiscal Year 1999/2000, a slight drop from the previous year's total of 6,226. This drop was due to the new assessment system being implemented permitting prison staff to directly place offenders in the most appropriate service. In some cases, offenders bypassed education and went directly into outpatient services. Ninety-three percent (93%) successfully completed the education programs, compared to a 91% completion rate for the previous year. Four percent (4%) were transferred before completion, and 3% did not complete successfully.

TABLE NINE SUBSTANCE ABUSE EDUCATION ENROLLEES BY DISCHARGE TYPE FISCAL YEAR 1999/2000				
	Successful	Unsuccessful	Transfer	Total

Number	5,162	222	167	5,591
Percent	93%	4%	3%	100%

Alcoholics Anonymous and Narcotics Anonymous

The Alcoholics Anonymous and Narcotics Anonymous self-help programs are wholly staffed by volunteers who enter the prisons to assist in the self-help process. These volunteers are recruited by individual prison coordinators. The Substance Abuse Programs Section provides contact information to be used in soliciting volunteers, as well as Alcoholics Anonymous' Big Books and other related materials to support volunteer efforts and efforts of the prison staff in establishing and recruiting volunteers.

Visual, Audio and Printed Resources

The Substance Abuse Programs Section maintains video resources for loan to institutions on substance abuse and such related topics as victimization, AIDS, relationships, and domestic violence. Over 200 videos are available in both English and Spanish, as well as Spanish language tapes. The Section also maintains printed materials for facility-based loan programs and provides free booklets on 29 topics including alcohol, cocaine, crack, marijuana, decision-making, interpersonal relations, anger management, and children of alcoholics.

- In Fiscal Year 1999/2000, 53,551 books and booklets on substance abuse were distributed to facilities, camps, and programs statewide.
- The video resource library mailed a total of 116 video orders in FY 1999/2000, consisting of approximately 713 videos. These materials are retained in prison libraries and distributed through the prison counseling staff.
- Video materials of interest to a majority of facilities are purchased for the prisons' permanent collections and can be used on a regular basis.

The substance abuse education program has been instrumental in filling the gap of providing services to prisoners who would not otherwise be reached with any other type of substance abuse services. At any given time, a substantial number of inmates are participating in outpatient treatment and substance abuse education groups. Additional inmates are involved in AA and NA.

Project STOP

The STOP program is a treatment/supervision effort that involves frequent random testing. Referral to treatment and short term detention is used with this population if a positive drug test is identified. Over 1100 parolees were enrolled, and STOP parolees have a positive testing rate of 3%. The swift imposition of sanctions has a significant impact on the positive testing rate of enrollees.

DRUG TESTING FISCAL YEAR 1999/2000

Drug Testing Program

One of the major detection and deterrence efforts of the Michigan Department of Corrections is drug testing. The goal of the drug testing program is to deter and monitor unauthorized use of controlled substances and other prohibited substances among prisoners, parolees and probationers within the Department. This policy has been implemented by performing monthly, random, unannounced testing of a sample of prisoners in prisons and camps. Currently, three percent (3%) of the prison population is sampled twice per month at all prison and camp sites. Prisoners in correctional centers are also tested at least twice per month, while parolees are tested as appropriate for their drug use history, drug-related crime, or suspected drug use, with a minimum of monthly or bimonthly testing, depending upon supervision level. In addition to randomized drug testing of all prisoners, additional tests are performed if there is reason to suspect drug or alcohol use. Tests are also performed to ensure that only drug-free prisoners are placed in Michigan State Industries (job program) or are considered for community placement. Departmental policies and memoranda provide specific guidance regarding the testing of prisoners, parolees and probationers.

Penalties for drug or alcohol use include a required major misconduct, which lengthens a prisoner's stay in prison. For those offenders occupying prisons and camps, a misconduct will also negatively affect their visiting privileges. For offenders in correctional centers, a misconduct triggers a referral to treatment. After the first or second positive drug test, a prisoner must be referred to outpatient or residential substance abuse treatment, and a return to a Technical Rule Violation (TRV) center or prison is required after the third positive test. In prison and camp settings, education and/or treatment referrals are made if services are available. Misconducts for substance abuse are major factors that are taken into account in decisions made by the Parole Board. Misconducts also result in increased supervision by the parole agent.

State-wide drug test results are obtained from a forensic laboratory selected by a national bidding process. Typically, the laboratory screens samples using the EMIT process. All samples screening positive are confirmed using an alternate testing methodology. For nearly all urine drug tests, the confirmatory method is Gas Chromatography (GC). For sweat patch tests, positives are confirmed by Gas Chromatography/Mass Spectrometry (GC/MS). In February of 1997, use of instant, on-site tests commenced in the Michigan Department of Corrections. On-site instant tests are used by agents when an immediate result is desired.

Table Ten provides data for all persons tested in the Michigan Department of Corrections' reference laboratory drug testing program during Fiscal Year 1999/2000. Over the past thirteen years of drug testing, the deterrent effects of testing have been realized for randomly tested subgroups. As illustrated in Figure Three, prison random positive rates have dropped from 8.9% to 0.6%, correction center positive rates have dropped from 17% to 4.4%, and parole rates have dropped from 28% to 21.3%.

**FIGURE THREE
PRISONER POSITIVE DRUG TEST RESULTS
FISCAL YEARS 1986/87 - 1999/2000**

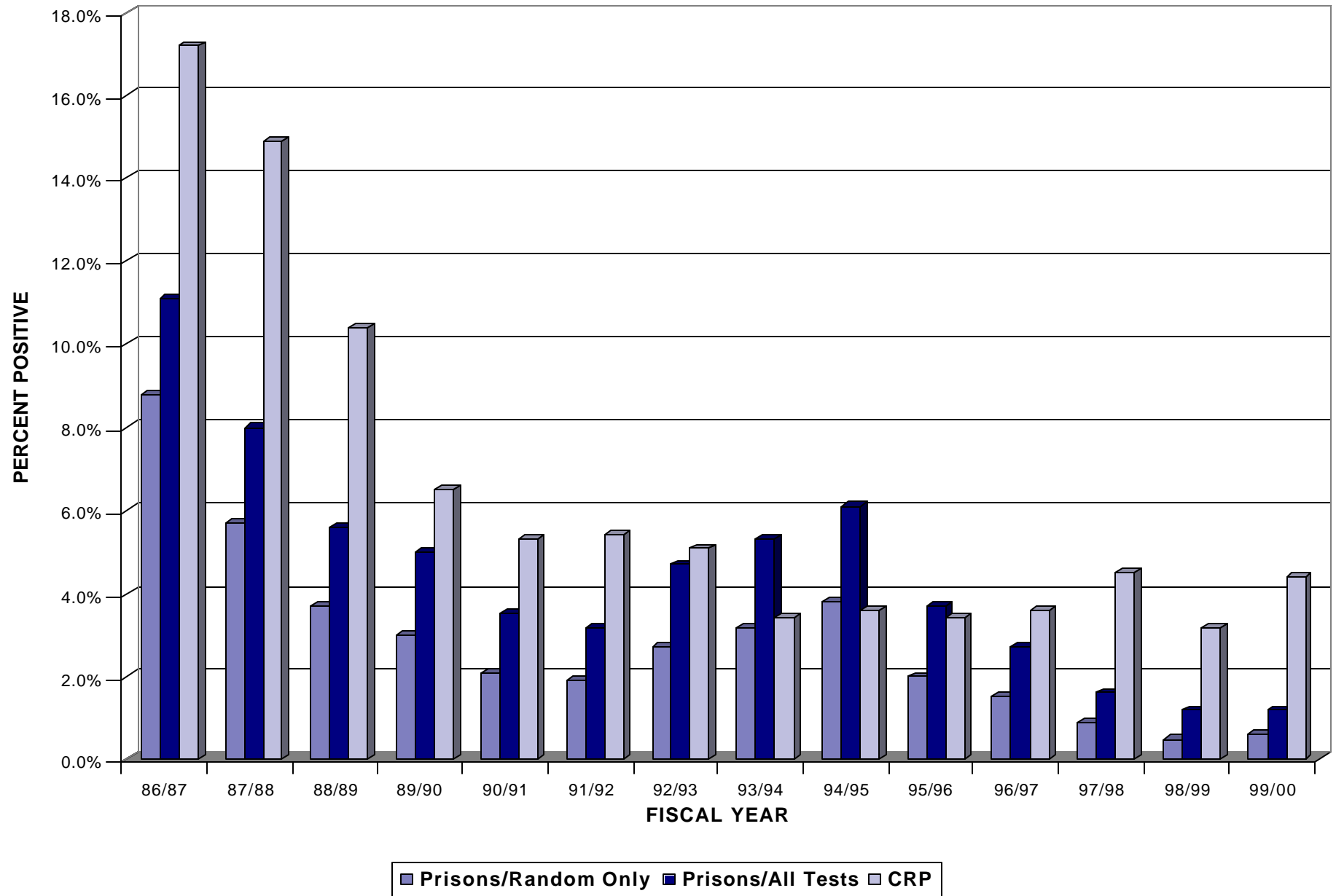


TABLE TEN TESTS CONDUCTED AND PERCENT POSITIVE FISCAL YEAR 1999/2000		
	Number Tested	% Positive
Prisons and Camps		
<i>Random Only</i>	<i>(31,350</i>	<i>0.6%)</i>
All Samples	55,472	1.2%
CRP	31,719	4.4%
Parole	31,358	21.3%
Probation	49,257	32.8%
TOTAL §	167,806	
§ Total does not include on-site tests used in parole and probation.		

POSITIVES BY POPULATION

- Drug and alcohol use is not extensive in prisons despite the high proportion of inmates (estimated at 63%) with drug and alcohol problems. Over 98% of inmates test drug-free. Only 0.6% of randomly selected prisoners tested positive in Fiscal Year 1999/2000, and only 1.2% of all prisoners (including those tested for cause) tested positive.
- Prisoners in CRP are tested at least twice per month. Positive rates have dropped from a rate of 17.2% in Fiscal Year 1986/87 to 4.4% in Fiscal Year 1999/2000.
- Parolees are usually tested due to prior substance abuse crimes or behavior and have higher percentages of positive tests than those prisoners tested randomly. Positive results have declined from 28% in Fiscal Year 1986/87 to 21.3% in Fiscal Year 1999/2000. Testing protocol mandates testing on an at least monthly basis for maximum and medium security offenders with special conditions to test.
- Probationers' average positive rate is 32.8%. Most probationers are screened by onsite methods and, when loss of liberty is a potential consequence, positive results are confirmed by a second test. These tests are included in the positive rate shown in Table Eleven. The minimum protocol for probationers consists of monthly tests. Individual judges around the state must also take action in response to a probationer's positive drug test in order for sanctions to be imposed.

POSITIVES BY DRUG TYPE

- For all locations, marijuana has been found to be the primary drug identified in positive test results.

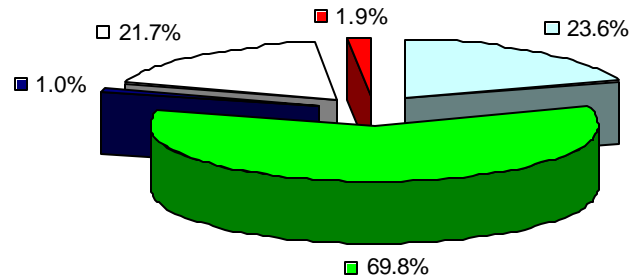
As detailed in Table Eleven and Figure Four, marijuana is found in 60.4% of positive prison samples; two-thirds of positive probation samples; and half of positive parolee samples.

- In CRP, cocaine accounts for 25.3% of all positive test results, which is a 20% decrease from the previous year's positive rate of 45.1%.
- Opiates account for 21.0% of prison positives and 21.7% - 24.8% of positives in the community. Michigan typically has higher opiate use than in other areas of the country.
- Compared to the east and west coasts, the Michigan offender population has a lower usage of amphetamines and other drugs such as PCP. These are shown under Special Request Tests.

TABLE ELEVEN PREVALENCE OF SPECIFIC DRUGS AS A PERCENTAGE OF TOTAL POSITIVE SAMPLES (SWEAT PATCH & URINE COMBINED) FISCAL YEAR 1999/2000				
DRUG TYPE/POSITIVE TESTS	PROBATION	PAROLE	CRP	PRISON
Routinely Tested:				
Cocaine	23.6	41.0	25.3	4.5
Marijuana/Hashish	69.8	51.5	40.7	60.4
Alcohol	1.0	1.4	19.0	18.9
Opiates	21.7	24.8	24.6	21.0
Special Request Tests	1.9	0.9	2.4	1.1
Total Number of Tests	49,257	31,358	31,719	55,472
Total Number of Positive Samples	16,138	6,678	1,406	682
% of Positive Samples (of Total Tests)	32.8%	21.3%	4.4%	1.2%

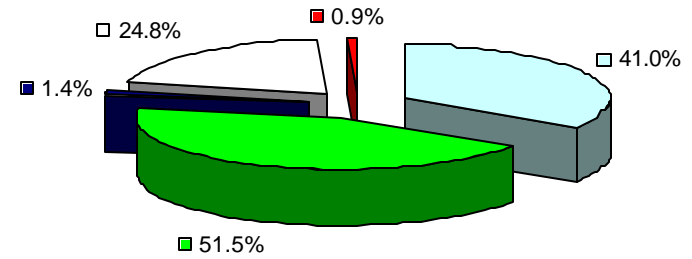
FIGURE FOUR
SPECIFIC DRUGS AS PERCENTAGE OF POSITIVE DRUG TEST RESULTS
FISCAL YEAR 1999/2000

PROBATION



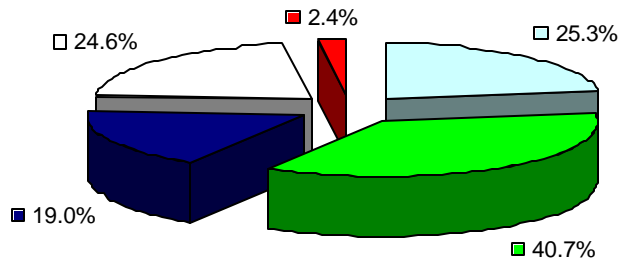
COCAINE CANNABINOIDS ALCOHOL OPIATES SPECIAL

PAROLE



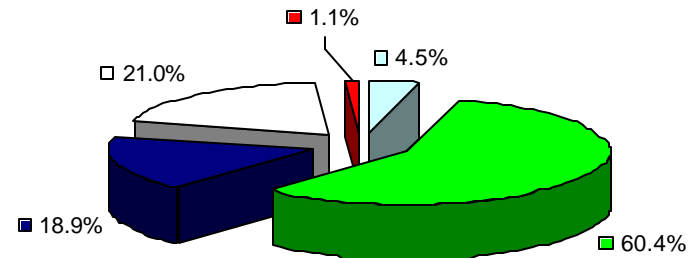
COCAINE CANNABINOIDS ALCOHOL OPIATES SPECIAL

CRP



COCAINE CANNABINOIDS ALCOHOL OPIATES SPECIAL

PRISON



COCAINE CANNABINOIDS ALCOHOL OPIATES SPECIAL

ADMINISTRATION & OPERATIONS

FISCAL YEAR 1999/2000

The Substance Abuse Programs Section contracts with licensed substance abuse service providers through an open competitive bidding process. These contractors are responsible for providing outpatient and residential treatment services on a statewide basis. Contracted services include diagnosis, referral, residential treatment, drug-free outpatient and follow-up to the persons who have received substance abuse treatment services.

Requests for Proposals (RFPs) are issued in alternate years to initiate the bid process for outpatient or residential services. Each year, RFPs are mailed to over 600 state licensed programs, who respond with not only a price bid, but also with a plan that outlines the components of a program that is within the MDOC framework, while meeting local needs. Proposals are reviewed by the Substance Abuse Programs Section as well as by the local Field Operations Administration offices and correctional sites that contractors are bidding to serve.

During Fiscal Year 1999/2000, the contracted purchase of services cost per client was an average of \$10-\$12 for drug-free outpatient groups, and \$45 for residential services per bed day. The biennial competitive bid process has resulted in the establishment of low contracted program services rates.

The Substance Abuse Programs Section is a small unit of four professionals and three support staff. In addition to the treatment of substance abuse, the section coordinates the department's drug testing program, as well as the substance abuse education program, with its concomitant audiovisual resources operating within the prisons. The section is part of the Office of Program Services, Administration and Programs Administration, Michigan Department of Corrections.

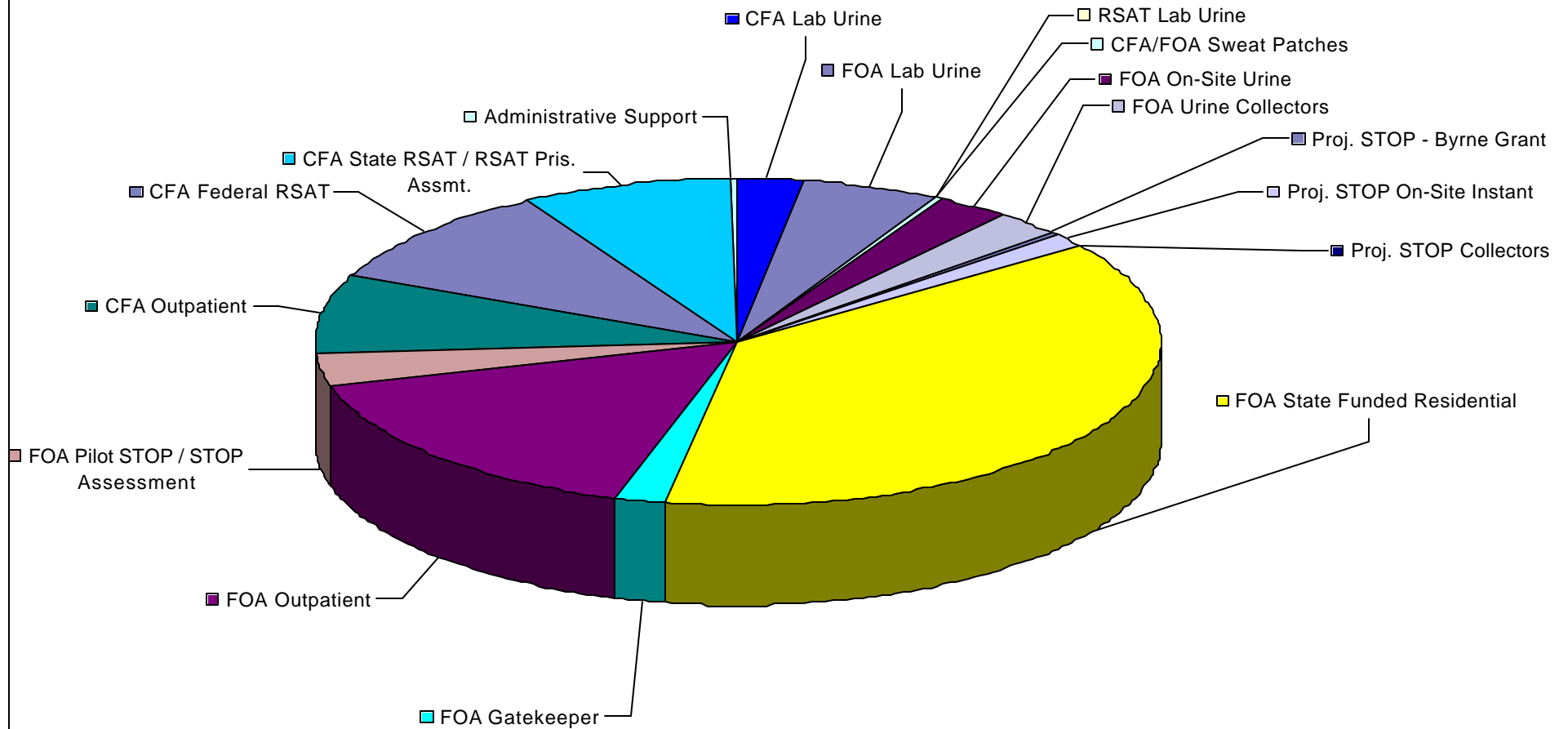
Figure Five and Table Twelve illustrate the distribution of expenditures for Fiscal Year 1999/2000, detailing drug testing, treatment, and administrative costs.

- Slightly over \$18.6 million was spent on substance abuse treatment, education and drug testing in Fiscal Year 1999/2000. Outpatient services accounted for \$5 million or 26% of total expenditures. Residential services in the community accounted for \$7.4 million, or 40%. Residential services in correctional facilities accounted for \$3.3 million or 17%. Drug testing with urine, sweat patches, and on-site instant tests accounted for \$2.8 million, or 15% of total expenditures.
- The Department received three federal grants. Two of these are through the Office of Drug Control Policy, Michigan Department of Community Health. The third, for outpatient services, is through the Bureau of Substance Abuse Services, Michigan Department of Community Health.

**TABLE TWELVE
SUBSTANCE ABUSE EXPENDITURES
FISCAL YEAR 1999/2000**

CATEGORY	AMOUNT	% OF SUBGROUP	% OF GRAND TOTAL
DRUG TESTING			
Reference Laboratory Urine:			
Correctional Fac./Camps (CFA)	\$460,327	16%	2%
Field Operations (FOA)	987,054	35%	5%
RSAT Drug Testing (CFA)	22,833	1%	<1%
Patches/Instant Tests:			
Sweat Patches (CFA & FOA)	42,229	2%	<1%
On-Site Instant Tests (FOA)	503,390	18%	2%
Drug Test Collection (FOA)	491,507	17%	2%
Project STOP - Byrne Grant (FOA)	56,763	2%	<1%
Project STOP Instant Tests (FOA)	222,775	8%	1%
Project STOP Drug Test Collection	22,833	1%	<1%
TESTING SUBTOTAL	2,809,711	100%	15%
TREATMENT			
Residential -- Community:			
FOA State Funded Residential	7,056,856	54%	38%
FOA Gatekeeper	360,000	4%	2%
Residential -- Prison-based:			
CFA Federal RSAT	1,863,662	11%	10%
CFA State RSAT / RSAT Prisoner Assessment	1,478,577	<1%	8%
Outpatient:			
FOA Outpatient	2,917,947	21%	16%
FOA Pilot STOP / STOP Assessment	647,566	1%	3%
CFA Outpatient	1,443,494	9%	7%
TREATMENT SUBTOTAL	15,768,102	100%	85%
MISCELLANEOUS			
Administrative Support §	72,548		<1%
GRAND TOTAL	\$18,650,361		100%
Revenue is derived from state funds combined with three federal grants awarded by:			
1. Office of Drug Control Policy, Michigan Department of Community Health (Federal Byrne Grant)			
2. Bureau of Substance Abuse Services, Michigan Department of Community Health (Outpatient Services)			
3. Office of Drug Control Policy, Michigan Department of Community Health (Federal Residential Treatment Grant)			
§ Administrative Support includes educational supplies and materials, reception center assessments/SASSI testing, and Project STOP equipment.			

**FIGURE FIVE
EXPENDITURES
FISCAL YEAR 1999/2000**



Appendix 1

Outpatient Services Offered

Prison Based Outpatient. The treatment module used in prisons is the Reintegration module, designed to address critical issues associated with the prisoner's return to his home community. This module incorporates substance abuse, relapse prevention, correction of criminal thinking, and elimination of criminal behavior. Clients involved in this program participate in two individual sessions for intake and termination purposes and 16 group sessions.

Female prisoners receive a gender-specific cognitive behavior-based program designed to address key areas of importance for the female offenders in depth. This prison outpatient program consists of 24 sessions, including four hours of individual sessions, addressing substance abuse, parenting, sexual issues, domestic violence, and relationship issues.

Community Based Outpatient. Available services include group and family counseling and participation in self-help groups. Other services such as education, job training and job search are also available on-site or by referral. Group counseling, rather than individual sessions, is the primary treatment method.

Community-based treatment programs begin with a review of previous assessments and treatment recommendations. To ascertain offenders' motivation and develop commitment to the treatment process, some clients enter treatment through a pre-treatment process. The advantage of the pre-treatment mechanism is that it greatly reduces the staff time and financial resources invested in assessing those applicants who may not be fully committed to the process, many of whom do not follow through after the assessments have been completed. Pre-Treatment services include one to four group sessions. Intake and treatment planning for the typical six-month outpatient program will not commence until a client successfully completes the pre-treatment portion of the program, in order to demonstrate their commitment to the treatment process.

The substance abuse treatment continuum also offers Education Intervention Services. This program primarily targets marijuana users, but is able to serve non-addicted abusers of other drugs as well. The community outpatient treatment provides offenders with regularly-scheduled outpatient sessions. Services include up to six months of primarily group-oriented treatment, with an additional period of post-discharge or aftercare services.

As offenders advance in their recovery, the frequency of services is reduced. Group therapy is the primary method employed. Individual and family sessions are less frequent. Treatment plans are individualized and specify regular involvement in self-help groups such as AA or NA. Treatment focus must include, but is not limited to, relapse prevention, recovery issues, correction of criminal thinking and elimination of criminal behavior, and development of life skills, such as vocational training, resume-writing, and interviewing skills.

All programs include a relapse prevention model and a cognitive restructuring component. Most offenders referred to outpatient treatment have been previously exposed to some type of cognitive restructuring program. Each offender's cognitive development is assessed through a review or refresher program covering the basics of cognitive behavior therapy.

After the review program, offenders are placed in an appropriate cognitive restructuring program to assist them in mastering basic and advanced skills, such as learning to adequately cope in the community and maintain a substance- and crime-free lifestyle. Additional topics include learning to identify options and outcomes, thinking in advance about the consequences of their actions, compromise and negotiation, and developing and maintaining healthy relationships.